

Check out the Free WAMedWeb!
270/271 Eligibility and Response
276/277 Claims Inquiry and Response
View recent Provider Warrant Summaries



Complete the ACS EDI enrollment packet. Call **1-800-833-2051** to have the enrollment packet sent to you.

You may also download an enrollment packet through the ACS Web Site: Go to URL, select **Medicaid** then **Washington State** <http://www.acs-gcro.com/>



Wait for your **Welcome Packet** to be returned to you **by mail** from ACS EDI Gateway, Inc. The Welcome Packet will contain your **Trading Partner ID** and user **password**. Once received, you can go onto the WAMedWeb at: <https://wamedweb.acs-inc.com/wa/general/home.do> and register.

Web Registration -



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Welcome to Washington State WAMedWeb!

WAMedWeb provides the tools and resources to help healthcare providers conduct business electronically with Washington State Medicaid. If you have already registered to use WAMedWeb, please Log In below. If you have already completed a Washington DSHS MAA EDI Submitter Enrollment Form, but have not yet registered to use WAMedWeb, please click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Washington DSHS MAA EDI Submitter Enrollment Form, please visit our New Provider area for step-by-step instructions on how to register for WAMedWeb.

Log In
Please enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, please contact your Office Administrator.

User ID: Password:

[Forgot Your Password?](#)

Many documents available through WAMedWeb are in PDF format. In order to view them, Adobe Acrobat Reader must be installed on your machine. If it is not, please download this program by clicking on the link above.

New Providers!
[Download a Provider Enrollment Package Here](#)
The provider enrollment package is in PDF format. In order to view it, Adobe Acrobat Reader must be installed on your machine.
Download Adobe Acrobat Reader for free!

Office Administrators using the WAMedWeb for the first time will need to register the organization by clicking on the Web Registration link on the WAMedWeb Login Page

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Web Registration

WAMedWeb requires registration for use of its secure functions. Step one is a verification process and step two is the creation/selection of your first Office Administrator (OA*).

Please enter the following information and click 'Continue.' This information will be used for verification purposes only.

* denotes required field(s)

* Provider Number: * EIN/SSN:
* Submitter ID**: * Submitter Password:

* Please have the following information available to create your OA: User ID, Last Name, First Name, E-mail and Phone Number. It is recommended you make yourself the first OA of your organization.

** Submitter ID is the Trading Partner ID

For assistance, please visit [Help](#) or contact one of the following:
WAMedWeb Help Center: 1-800-833-2051 [Department of Social and Health Services \(DSHS\)](#)
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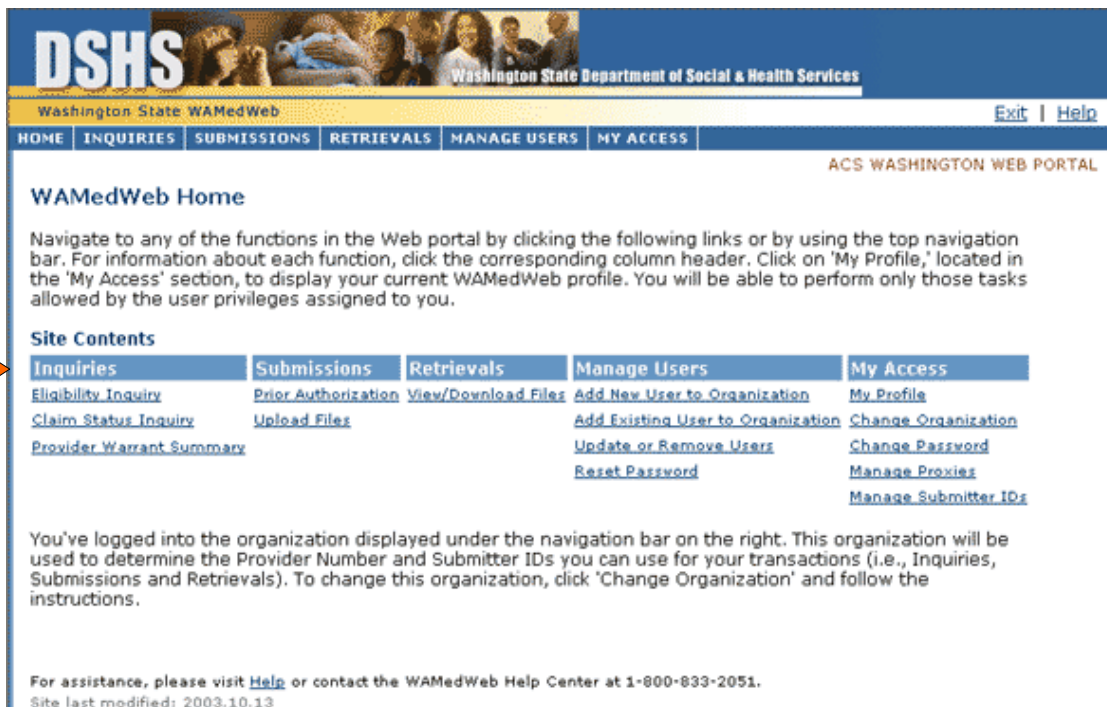
Referring to the contents of your Welcome Packet from ACS EDI Gateway, Inc. complete all four fields to register your organization with the WAMedWeb.

- Fields denoted with a red asterisk (*) require completion.
- Provider Number is your Medicaid Provider Identification Number.
- EIN/SSN is the Employer Tax Identification number as you listed it on your ACS EDI Gateway, Inc. enrollment request form.
- Submitter ID (AKA Trading Partner ID) and Submitter Password are in the Welcome Packet.

Note: After the Office Administrator has completed registration, be sure to print the confirmation page for future reference.

Each user for your business will need to be added to your organization's profile in order to use the WAMedWeb.

Eligibility Inquiry & Response – 270/271 Transactions



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ACS WASHINGTON WEB PORTAL

WAMedWeb Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current WAMedWeb profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility Inquiry	Prior Authorization	View/Download Files	Add New User to Organization	My Profile
Claim Status Inquiry	Upload Files		Add Existing User to Organization	Change Organization
Provider Warrant Summary			Update or Remove Users	Change Password
			Reset Password	Manage Proxies
				Manage Submitter IDs

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.
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After logging in and entering the website you will see a number of dropdown menu options. Not all dropdown choices will be available at this time. We are looking forward to future releases to expand the functionality of the site.

Select **Eligibility Inquiry** to access eligibility inquiry screen.



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Inquiries

The organization you logged into (displayed under the navigation bar on the right) has one or more Provider Numbers associated with it. All of the inquiry transactions allow you to choose any of this organization's provider numbers to reference for your transactions. To change the organization you are logged into, click 'My Access' from any page and choose the 'Change Organization' option.

Choose from one of the following inquiry options:

Eligibility	Enter search criteria to find eligibility information about a specific client on a specific date of service.
Claim Status	Enter search criteria to view the status of a specific claim.
Provider Warrant Summary	Retrieve a provider's most recent warrant summaries.

For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.
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Follow the instructions on the screen. Be sure to satisfy the required search criteria (there are four options) listed next to the bullets on the screen. Fields denoted with a **red asterisk (*)** are required.

The screenshot shows the 'Eligibility Inquiry' page on the Washington State WAMedWeb portal. The header includes the DSHS logo and navigation links like HOME, INQUIRIES, SUBMISSIONS, RETRIEVALS, MANAGE USERS, and MY ACCESS. The breadcrumb trail is 'Home > Inquiries > Eligibility Inquiry'. The page title is 'Eligibility Inquiry'. Below the title, instructions state: 'To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.'

Four criteria sets are listed, separated by 'or':

- PIC (Patient Identification Code) AND SSN **or**
- Last Name, First Name, Middle Initial AND SSN **or**
- Last Name, First Name, Middle Initial AND PIC **or**
- Last Name, First Name, Middle Initial, SSN AND Date of Birth

A note indicates that an asterisk (*) denotes required field(s).

The form contains the following fields:

- * Provider Number:** A dropdown menu.
- * Date of Service:** Three input boxes for mm, dd, and ccyy.
- PIC:** A single-line text input box.
- SSN:** A single-line text input box.
- Last Name:** A single-line text input box.
- First Name:** A single-line text input box.
- M.I.:** A single-line text input box.
- Date of Birth:** Three input boxes for mm, dd, and ccyy.

At the bottom of the form are two buttons: 'Submit' and 'Reset'.

Footer text includes: 'For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.', 'Site last modified: 2003.10.13', and 'Copyright © 2003 ACS. All rights reserved.' There is also a 'Go to top of page' link.

After submitting the inquiry information you will receive a screen asking you to confirm the identity of the client or indicating that the record was not found. If no record was found, you will want to verify the accuracy of the search criteria that you entered. If the search was executed correctly and no record was found, eligibility cannot be determined for the date of service.



Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, please click 'View Client Eligibility.'

PIC:

Name:

Date of Birth:

Gender Code:

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[View Client Eligibility](#)

For assistance, please visit [help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.


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John Anderson Medical

Eligibility Inquiry Response



Client Demographic Information

PIC:
Name:
Address:

City:
County Code:
State:
Zip Code:
Date of Birth:
Gender Code:

Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:

Eligibility Spans

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid		CNP-QMB	08/01/2001	12/31/2099

Message Text: THIS IS THE CLIENTS ELIGIBILITY AS OF THIS DATE BASED ON INFORMATION AVAILABLE AT THIS TIME

Coordination of Benefits: R - Other or additional payer

1. Service Type Code:
Insurance Type Code:
Insurance Co. Name:
Address:

Policy Holder Name:
Group Policy Number:
Policy Number:

30: Health Benefit Plan Coverage
C1: Commercial
PREMERA BLUE CROSS/BCBS OF AK
SEATTLE
, WA 98111918

W40AF01

Carrier Code:
Insurance Co. Phone No.:

Enrollment Date:
Expiration Date:

BC01
8003456784

08/01/1998
12/31/2099

Message Text: THIS IS THE CLIENTS ELIGIBILITY AS OF THIS DATE BASED ON INFORMATION AVAILABLE AT THIS TIME

Co-pay Information

Eligibility or Benefit Info:

Information Source Data

Name:
Identification Code Qualifier:
Contact Name:
Primary Identifier:
Communication Number:

WASHINGTON STATE DSHS MAA
PI: Payor Identification
PROVIDER RELATIONS

Information Receiver Data

Organization:
First Name:
Provider Number:
Portal ID of Requestor:

DSHS

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M.I.:

Inquiries

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The Eligibility Inquiry Response screen will include the HIPAA compliant details for the client for the date of service requested.

Claim Status Inquiry and Response - 276/277 Transactions

Claim Status Inquiries can be generated using the WAMedWeb by entering the Individual Claim Number (ICN) or the Patient Identification Code (PIC) and the Claim Service From Date.

The screenshot shows the 'Claim Status Inquiry' page on the Washington State WAMedWeb portal. The header includes the DSHS logo and navigation links. The main content area contains instructions for selecting a Provider Number and entering available information. It lists two options: ICN or PIC (Patient Identification Code) AND Claim Service Period (To date is optional). A note indicates that an asterisk denotes required fields. The form includes input fields for Provider Number (with a dropdown arrow), PIC, ICN, Claim Service Period From (mm/dd/ccyy), and Claim Service Period To (mm/dd/ccyy). There are 'Submit' and 'Reset' buttons. At the bottom, there is a help link and site information.

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Claim Status Inquiry

Please select a Provider Number and enter available information in the remaining fields before clicking 'Submit'.
In order to successfully return claim details, sufficient data is needed in the following fields.

- ICN **or**
- PIC (Patient Identification Code) AND Claim Service Period (To date is optional)

** denotes required field(s)*

Provider Number: *

PIC:

ICN:

Claim Service Period From:

Claim Service Period To:

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If no claim record is found, you will want to verify the accuracy of the search criteria that you entered. If the search was executed correctly and no claim was found, claim status cannot be determined for the date(s) entered.

The screenshot shows the 'Claim Detail' page on the Washington State WAMedWeb portal. The header includes the DSHS logo and navigation links. The main content area displays claim information organized into sections: Claim Data, Provider Data, Client Data, and Payer Data. The Claim Data section includes Status Information (Effective Date: 07/07/2004, ICN:), Status Category Code (F1: Finalized/Payment-The claim/line has been paid.), Status (1: For more detailed information, see remittance advice.), and Service Period (From 02/01/2004 To 02/29/2004). The Provider Data section includes Provider Number (1000050), Name or Servicing Organization (INTEGRATION TEST PROVIDER), and Bill Type Identifier. The Client Data section includes Name, Date of Birth, PIC, and Gender. The Payer Data section is currently empty.

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Claim Detail

Claim Data

Status Information	Effective Date: 07/07/2004	ICN:
Status Category Code:	F1: Finalized/Payment-The claim/line has been paid.	
Status:	1: For more detailed information, see remittance advice.	
Service Period:	From 02/01/2004 To 02/29/2004	

Bill Type Identifier:	Medical Record Number:
Charged Amount: \$ 117.52	Adjudication or Payment Date: 01/24/2004
Payment Amount: \$ 117.52	Check Issue or EFT Effective Date: 02/02/2004
Payment Method Code:	Check or EFT Trace Number:

Provider Data

Provider Number:	1000050
Name or Servicing Organization:	INTEGRATION TEST PROVIDER

Client Data

Name:	PIC:
Date of Birth:	Gender:

Payer Data

Request Provider Warrant Summary

To view a list of your businesses' most recent Provider Warrant Summaries, enter the Medicaid Provider Identification number and select submit.

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Request Provider Warrant Summary

Select a provider number and click 'Submit' to view that provider's most recent provider warrant summaries.

Provider Number:

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Your inquiry will return a list of the most recent payments with details. List entries are based on the weekly payment cycles. Zero amounts are displayed when no payment has been made (either due to no claims submitted or no claims approved for payment) during that payment cycle.

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Provider Warrant Summary

Provider Number: 1027184

Most Recent Warrants Available

Paid Date	Check Number	Reimbursement Amount
03/22/2004		\$0.00
03/15/2004	#####	\$46.03
03/08/2004		\$0.00
03/01/2004	#####	\$83.66
02/23/2004	#####	\$149.55
02/16/2004		\$0.00
02/09/2004		\$0.00
02/02/2004		\$0.00

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Additional help using the WAMedWeb is available by clicking on the Help tab in the orange right corner of each screen.